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FROM: Mark DeLuca

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OF PAGES (INCLUDING COVER): 21

FILE NAME: PHRM0002-105

DATE: February 9, 2007

FILE #: 160211

RECIPIENT(S)	PHONE	FAX
Examiner John D. Ulm USPTO, GAU 1649	571.272.0880	571.273.8300

MESSAGE:

OFFICIAL FAX

PLEASE DELIVER TO EXAMINER JOHN D. ULM, GAU 1649

RE: U.S. APPLICATION NO. 10/523,893 FILING DATE: 09/06/2005

ENCLOSED FOR FILING, PLEASE FIND:

- Transmittal Form
- Fee Transmittal Form w/auth to Charge Deposit Acct. \$2160.00 (1 page in dupl)
- Petition for 5 Mos. Extension of Time (1 page in dupl.)
- Amendment and Response to Restriction Requirement (15 pages)

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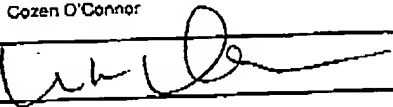
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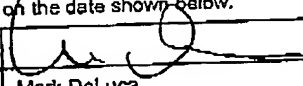
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/523,893	RECEIVED CENTRAL FAX CENTER FEB 09 2007
	Filing Date	09/06/2005	
	First Named Inventor	David E. Lowery	
	Art Unit	1649	
	Examiner Name	John D. Ulm	
Total Number of Pages in This Submission	Attorney Docket Number	PHRM0002-105	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorization Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Official Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Mark DeLuca		
Date	February 9, 2007	Reg. No.	33,229

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature		Date	February 9, 2007
Typed or printed name	Mark DeLuca		

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 2160.00)

Complete if Known

Application Number	10/523,893
Filing Date	September 6, 2005
First Named Inventor	David E. Lowery
Examiner Name	John D. Ulm
An Unit	1649
Attorney Docket No.	PHRM0002-105

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- Under 37 CFR 1.16 and 1.17
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
35	48 HP= _____	x _____	= _____

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
_____	_____

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
6	9 HP= _____	x _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____


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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time (5 mos)

2160.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,229	Telephone	215.665.5552
Name (Print/Type)	Mark O'Luca	Date	February 9, 2007		

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